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Navy & Marine Corps Medical News  
MN-99-28  
July 16, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Cohen and Shelton respond to Navy Times Anthrax story  
From Bureau of Medicine and Surgery

WASHINGTON - An editorial in the Times (Army, Navy, Air Force and Marine) newspapers July 12 said lingering concerns about the safety of the anthrax vaccine should make taking the anthrax vaccinations voluntary.

Secretary of Defense, William Cohen, and Chairman of the Joint Chiefs of Staff, Gen. John Shelton responded in a letter to the editor of all four newspapers, emphasizing how allowing a voluntary vaccination program is inadequate in the face of this deadly threat.

Cohen and Shelton said the information in the editorial did a disservice to not only the Naval service, but to all members of the armed forces. They gave the same facts

provided to Naval personnel since the anthrax vaccinations began: anthrax presents a clear and present danger to U.S. service personnel. Anthrax is the weapon of choice for germ warfare. It is very easy to turn into a weapon and almost always deadly. At least ten potential adversaries have worked to develop the offensive use of anthrax against U.S. forces.

Navy and Marine Corps personnel, including the Chief of Naval Operations, Adm. Jay Johnson, have already begun the series of anthrax vaccinations. Because of the time element in completing the series, personnel cannot wait until they are forward deployed to an area that presents a high-risk anthrax threat.

In their letter to the Times papers, Cohen and Shelton also emphasized that there are no known long-term side effects from the anthrax vaccine. The use of the anthrax vaccine has been endorsed by the Centers for Disease Control and Prevention, the World health Organization and the Institute of Medicine.

Just as it is important to ensure that troops have weapons and other necessities of battle, Cohen and Shelton believe American forces would be inadequately protected without the anthrax vaccine. In their rebuttal, they said it would be unconscionable not to protect our entire force with a safe and effective vaccine.

The entire text of the letter can be found in the Opinion section of the July 19 edition of Navy Times.

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Headline: Mass Casualty drill unites countries

By JOC(AW) Jacqueline Kiel, CINCUSNAVEUR

LONDON -- Glass protruded from the Latvian soldier's face. Blood was everywhere. Scattered throughout the crash site were other bodies painted in equally disturbing realism for the mass casualty drill that was the final part of a two-week long medical exercise know as MEDCEUR 99-2. MEDCEUR, short for Medical Exercise in Central and Eastern Europe 99-2, was held at Adazi Training Range, Latvia. The joint medical exercise, which ran from June 27 through July 8, was conducted in the spirit of Partnership for Peace.

The goals of the exercise were to develop an understanding of military teamwork in peace support exercises and foster mutual trust, respect and cooperation between the Baltic Nations and the United States.

"During the mass casualty drill, it was apparent that both goals were met," said Lt. Debra Duncan of Naval Hospital Naples, Italy, who was coordinator for the event. "It was great to see the countries interact, not only working as a team, but working as if they had been doing it many times before."

The exercise had 181 participants from Latvia, Lithuania, Estonia and the United States. Conducted by Commander in Chief, U.S. Naval Forces Europe, the exercise included

military personnel from U.S. Air Force, Europe, U.S. Army, Europe and Naval Reserves. Naval Hospitals in Naples, Italy; Sigonella, Sicily; Rota, Spain; and Naval Medical Clinic, London provided instructors and students.

Also among the participants were civilian and military medical personnel from Center of Excellence in Disaster Management and Humanitarian Assistance, U.S. Pacific Command, Hawaii; Naval Medical Information Management Center, Bethesda, Md. and Naval Environmental Preventive Medicine Unit 7, Sigonella, Sicily.

Capt. Tom Sizemore, Fleet Medical Officer for Commander in Chief, U.S. Naval Forces Europe, called the exercise a tremendous opportunity. "This is a very important way to work on the NATO relationships between the U.S and Baltic nations," he said. "Using Navy Medicine is an inexpensive and highly effective way to build cooperation and partnerships."

LT Erik Threet, Fleet Medical representative from the Commander in Chief, U.S. Naval Forces Europe Fleet Medical Office in London, echoed the sentiments of an exercise well done. "In the spirit of Partnership for Peace, the exercise was a success not only in the value of the medical training that was done, but also for the overall value of the partnerships and friendships that developed between the host nation of Latvia, the Lithuanian, Estonian and the United States medical forces."

A concept that was proven for the Latvians was the ability to conduct telemedicine, which is a tool that in an actual situation can be used for remote medical consultations, according to Threet.

CDR Brian Sargent, chief of primary care at Naval Hospital Rota, Spain, was an instructor for the Battlefield Care Course. He noted basic differences between the European and the U.S. way of conducting business during a mass casualty situation.

"In Europe they are more apt to use physicians on site as opposed to using mid levels or independent duty corpsman in the field," Sargent said. "They tend to use physicians in the field as opposed to the stabilize, scoop and run method. We take care of life threatening injuries and deliver to the battalion or medical aid station for fixed level care. They do more definitive care on site."

Involved with the exercise as an instructor and a student, Hospital Corpsman Second Class Wendi Schrock, an emergency medical technician, who works at Naval Hospital Naples, Italy, had nothing but praise for the exercise and its participants. "It was a very positive experience for me," she said. "I felt that we had a strong impact. Four countries came together. It made me feel patriotic and being part of Partnership for Peace makes me feel good." Moulage magic was performed on Latvian soldiers, transforming them into the many injured participants of the drill. According to Duncan, without the moulage, the entire drill would not have been as realistic. The moulage team

Naval Hospital Naples, Italy was Senior Chief Hospital Corpsman William Walker, Hospital Corpsman First Class Jennifer Bizer and Hospital Corpsman Second Class Jennifer Reimer.

When the drill was over, the consensus was it was a complete success. "Everybody from every country really put their hearts and souls into it," Duncan said. "I'm very pleased with the way it turned out."

Note to Editors: Digital photographs are available. Contact Chief Petty Officer Jacqueline Kiel for more information, phone interviews with MEDCEUR participants or digital images. Phone number: 011-44-171-514-4601 email: cne019b@navetur.navy.mil or contact the public affairs office, U.S. Navy Bureau of Medicine and Surgery at (202) 762-3218

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Headline: Roosevelt Roads participates in National Veterans Wheelchair Games

By LTJG Joritta N. Dotson-Hardy, MSC, U.S. Naval Hospital Roosevelt Roads

ROOSEVELT ROADS, Puerto Rico -- U.S. Naval Hospital Roosevelt Roads provided emergency medical and volunteer support to the more than 800 participants of the 19th National Veterans Wheelchair Games June 21-26 in Puerto Rico.

The National Veterans Wheelchair Games is the largest annual wheelchair sports competition in the world. Participants included veterans from all fifty states, Puerto Rico, Canada, Switzerland and England. Athletes competed in archery, basketball, track & field, 5k run, swimming, scuba diving, bowling, softball, rugby, table tennis, weight lifting and billfish tournaments held throughout the metropolitan areas of San Juan, Bayamon, Carolina and Guaynabo, Puerto Rico.

Naval Hospital Roosevelt Roads provided approximately 60 medical personnel consisting of doctors, nurses, administrators and hospital corpsmen. They not only provided emergency medical and logistical assistance, but they also assisted in transporting the veterans to game sites.

Navy Medical Team Coordinators included LT Danahe Sierra, MSC; LT Eric Sergienko, MSC; Chief Hospital Corpsmen Edwin Lashley and Michelle Jennejahn, and Hospital Corpsman Second Class Kelly McNulty.

Next year's games will be held in San Antonio, Texas.

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Headline: Telemedicine: it's about better care

By Douglas J. Gillert, American Forces Press Service

SAN DIEGO -- The young boy courteously answers his nurses' questions. Yes, he's taking his medicine. No, he's not over-exerting himself when he plays with his friends

outside. Yes, he's been sleeping well. No, he hasn't had too much of a problem breathing. He doesn't mind the questions because at least he doesn't have to go to the hospital, where all those sick people are. He isn't missing school, and he can be with his friends a lot quicker and for longer than if he had to go to the hospital.

It's kind of like watching television. Hey, not bad ... he can talk with the person on the TV. That's pretty cool. Asthma's a drag, you know, but yeah, he can deal with it. The little dude's lucky, because he has parents in the military and they get their health care from Naval Medical Center San Diego. It has cool programs like "telehome care" for pediatric asthmatics. So here he is in his living room talking to his nurse back at the hospital. Just seeing her smile at him makes him feel pretty good. Like, he's going to be all right.

In 1997, the medical center received \$750,000 from the Department of Defense to develop telemedicine initiatives such as this one. Air Force Dr. (Lt. Col.) Kerry Larson is the second head of the Telemedicine and Technology Assessment Office, a job that takes someone like him who gets excited about applying technology to health care, a physician who knows the difference between high and low bandwidths, who understands the limitations and exploits the strengths of telecommunications to treat patients. He's definitely enthused about the program.

"We're using telemedicine primarily for ear, nose and throat patients and neurology, and we're just starting up tele-psychiatry," he said. "Because many of the military treatment facilities in Southern California are in isolated locations, they have only limited access to civilian medical specialists. With telemedicine, we extend the reach of Naval Medical Center specialists and also save patients' time away from their duties and homes."

Larson says the primary business logic behind telemedicine is saving the government travel costs and time military people have to spend away from their units. In fact, TRICARE Southern California has conducted more than 400 telemedicine consultations, deferring \$100,000 in travel costs and saving 5,000 hours in lost travel time. But there are even greater dividends for the physicians and patients, he said.

For example, an Army colonel at Fort Irwin, Calif., previously visited the Naval Medical Center for medical care but received his follow-up care at the fort rather than traveling the desert freeway to San Diego, an eight-hour round trip.

"Patients like telemedicine because it allows them to remain with their own doctors and close to home," Larson said. "We had to overcome some initial skepticism from the physicians, but once they experienced what it can offer, they got behind it. Now they offer us ideas for other ways we can use the technology."

Specialists at the Naval Medical Center use telemedicine consults not only to directly examine patients but to train general physicians in specialty care. Taking that concept a step further, the medical center now provides quarterly continuing medical education courses over the system. It even hosted an all-day trauma symposium, with 16 treatment facilities logged onto the system for eight hours. The symposium was open to anyone wanting to "attend" and even drew interest from outside Southern California when physicians at Nellis Air Force Base, Nev., tapped into the on-line training.

Each telemedicine consult usually lasts about 20 minutes, according to CDR Bobbie Crann, telemedicine clinical coordinator for TRICARE Southern California region. The outlying hospitals and clinics using automated software schedule most of the consultations by medical center specialists. But there also have been some emergency cases. "A couple of weeks ago, a patient at Port Hueneme [a naval installation about 60 miles north of Los Angeles] was bleeding excessively after surgery," Crann said. "A specialist here was able to examine the patient through a telemedicine hookup and help the physician there stop the bleeding, so the patient was treated faster and better and a trip to San Diego was unnecessary."

Telemedicine is really about access to care, according to TRICARE administrators here. It's about satisfying family members' medical needs and helping them avoid trips to the emergency room. It's about keeping service members close to their home bases and the training they need to be ready to deploy. And it's about helping doctors learn new skills and raise the quality of care they can give, no matter where they are based. It's about good medicine.

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Headline: Sharing the 'Line' perspective in Sasebo  
By Bill Doughty, U.S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- CAPT Thomas Parker, commanding officer of USS Belleau Wood (LHA 3) was guest speaker at the recent Assumption of Charge for Sasebo Branch Medical Clinic, Sasebo, Japan. His inspiring words about customer expectations, communication and service apply to all military treatment facilities:

"With regard to health care, all Americans share the same expectations:

They want it to be perfect, they want it to be immediately available, they want it with the health provider of their choice and it either needs to be free or paid for by someone else.

"With some understatement, let me say that you in the health care profession have a difficult task satisfying these expectations.

"Americans in Sasebo are no different from Americans anywhere else, and their expectations for medical services are the same or perhaps stronger than in the States.

"Your difficult task will be no less difficult here, and I warn you in advance that in spite of all you do, not everyone in Sasebo will be entirely happy with your best efforts, and -- surprise! -- some will be outspoken and vocal in their unhappiness. This particular insight is probably not news to you; it's the nature of your business, but this phenomenon may be more apparent here in our small town environment. You are in a service profession, let's not forget, and it is the nature of your chosen line of work.

"Some will misunderstand and criticize without any sense of appreciation for how much work it takes to do the outstanding job which is the norm for the medical professionals here in Sasebo.

"No one will probably hear about the extra mile one of your corpsmen puts in, or that little extra that another extends himself in support of a patient. But, let one of your staff make an unfeeling comment when he's having a bad day, or let there be a perception of indifference and everyone in town will know about it before sundown, whether true or not. Again, it's the nature of your work.

"Here, perhaps more than anywhere you've been, you make a critical difference; you are an absolutely key element in the happy functioning of our little community and the combat readiness of the ships assigned here. Ready service with a smile and the dull daily routine executed to perfection can have an impact far beyond what is readily apparent.

"A personal example of this was our no-notice deployment to the Persian Gulf last year. I can assure you that the well being of our families was foremost in our minds, and the knowledge that the medical system in Sasebo is top notch, and our families were receiving the best possible medical care sustained us while we were gone.

"Of course, as with everything else, there is room for improvement. I would suggest that continuous emphasis on customer service would be a good thing, and as with every other human endeavor I'm familiar with -- communicate, communicate, communicate -- with your patients, with your chain of command, with each other. This cannot be too strongly emphasized.

"Finally, let me say that my admiration for your line of work and the medical profession knows no limits. You have a heavy burden. People automatically put their trust in you. Again, you have my absolute respect and admiration."

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Headline: Great Lakes assists Chicago medical center with logistics

By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. - Rush-Presbyterian-St.Luke's Medical Center in Chicago recently gained insight from Naval Hospital Great Lakes about techniques for ordering medical

equipment and supplies, and therefore, maintaining continuity in quality care for patients.

Both facilities shared their views of what is currently being used in their operations and where they need to be in the future to increase efficiency and eliminate redundancy. Naval Hospital Great Lakes' collaboration with Rush-Presbyterian, a world-renowned center for pediatric cardiology, orthopedics and arthritis, was more than simply benchmarking a supply process. It was another example of cooperation and problem solving between civilian and military healthcare organizations. It also highlights how the civilian sector now looks to the military for examples of excellence.

LT Steve Patton, MSC, Head of Materials Management and his counterpart at Rush-Presbyterian, John Webb, explored every aspect of the ordering, warehousing, and reimbursement processing of supplies for the Naval Hospital.

"Throughout the healthcare industry we are trying to streamline the process of acquiring, paying and inventorying medical supplies and equipment. In the decades to come ordering material will be standardized between military and civilian healthcare facilities," said Patton.

One of the systems discussed by Patton and Webb was the Automated Information System, which uses software, the internet and management information systems to track and execute the materials management process from ordering and storage to payment and obtaining quotes.

Great Lakes has already reached a stockless inventory system by going from more than \$ 3,000,000 of on-hand inventory in 1996 to \$3,000 worth of stored medical supplies today.

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Headline: Nurse executive completes fellows program

By Bill Doughty, Naval Hospital Yokosuka

YOKOSUKA, Japan -- CAPT James R. Hoffower, NC, senior nurse executive at USNH Yokosuka, graduated recently from the Johnson & Johnson Wharton Fellows Program in Management for Nurse Executives, an intensive three-week management education program held at the University of Pennsylvania's Wharton School of Business.

"They are a first class organization," said Hoffower, who was one of 38 nurse executives selected to participate in this program. "I had the opportunity to exchange ideas with some of the best minds in Senior Nurse Executive positions."

According to Amy Strathern, of Johnson & Johnson, "The Johnson & Johnson Wharton Fellows Program has been educating nurses for the past decade and a half, providing senior nurse executives crucial business and management knowledge identified as essential for hospital leadership in the 21st century.

"The management education program recognizes the important role that nurse executives play in shaping



strategic planning decisions within their own health care institutions, as well as health policy decisions regionally, nationally, and globally," she said.

Nursing fellows included representatives from the United States, Canada, Japan, Germany and Australia. All come from health care institutions that have some aspects of managed care.

"Due to the tremendous market place pressures found in today's health care organizations, the voice of the clinician can easily be lost," said Dr. Gregory Shea, academic director of the Johnson & Johnson Wharton Fellows Program. "This program helps nurse executives become well-versed in a wide variety of financial and marketplace issues. By strengthening their management and leadership capabilities, they can more readily assume the role of strategic partner."

Participating nurses are nominated by their hospital's chief executive officer and selected by the Wharton School. The Executive Forum, held at the close of the program, allows nurse executives to work on campus to analyze the role of nursing in hospital management, planning program strategies, and introducing new perspectives.

"Nursing leadership is integrated in dynamic, collaborative relationships with all members of a health care facility's senior leadership team," said Hoffower.

"The leadership provided by nurse executives often spearheads the efforts to facilitate the delivery of quality patient care in a rapidly changing health care environment."

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Headline: Anthrax question and answer

Question: Is the vaccine all that is needed to protect against inhalation anthrax?

Answer: Being fully vaccinated greatly increases the chances of surviving exposure to anthrax. Chances are further improved by other measures, especially the proper use of protective masks.

-USN-

Headline: Sharing resources means more health care, less expense

By Douglas J. Gillert, American Forces Press Service

SAN DIEGO -- TRICARE patients who go to a military clinic or hospital in Southern California might not see a uniformed doctor. Their health care could come instead from a civilian physician employed through the region's managed care support contract.

Under TRICARE Southern California's current contract with Foundation Health Federal Services Inc., civilian health care providers have enabled more than 660,000 outpatient visits and 16,800 admissions at military facilities. Foundation officials project savings of more than \$25.5 million this year as a result of 81 current resource-sharing agreements.

"Providing space in our military treatment facilities makes good business sense and is also very beneficial to our patients," said Navy Capt. Kristine Minnick, TRICARE Southern California director. Hospital and clinic funding is determined in part by the number of patients treated. Sharing underused facilities with contractors not only puts space to more effective use, it keeps the patient count up. From the patients' standpoint, they receive care on the spot because the contractors provide many medical services and specialties that wouldn't be available in their military facilities otherwise, Minnick said. If the facility continually referred them off post to Foundation contract doctors, their care almost certainly would cost them more time and money, she noted.

The government and Foundation approve agreements before they take effect, then Foundation recruits staff to fill the requirements, said Scott Childers, director of TRICARE support services for Foundation. Naval Medical Center San Diego enjoys the largest number of agreements negotiated so far -- 38, but nearly every hospital and clinic in the region participates. For some, agreements reduce dependence on distant civilian medical facilities.

"Resource sharing here is a big success," said Army Dr. (Col.) Michael McCaffrey, commander of Weed Army Community Hospital at Fort Irwin, Calif. Under a resource-sharing agreement, a civilian allergist sees patients at Weed. Otherwise, patients would have to travel 50 or more miles to get the care they need. The allergist ensures troops aren't gone as long from their duties, and families get the care they need easier and cheaper, McCaffrey said.

Military and civilian health care providers share resources here more than anywhere else in the worldwide Military Health System, Minnick said. Her Foundation counterpart, Peter McLaughlin, said the agreements worked out to date "go beyond partnering - to teamwork."

"Resource sharing is a primary example of the teamwork that exists between us," said McLaughlin, vice president of California TRICARE Operations for Foundation. "The program is robust. It provides personnel, supplies and equipment to military treatment facilities and maximizes the use of those facilities."

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Headline: TRICARE service desk opens at Pentagon

From: TRICARE Management Activity

WASHINGTON -- Beginning July 15, TRICARE representatives from Sierra Military Health Services will be available Thursdays from 9 a.m. to 2 p.m. in the Pentagon to answer TRICARE questions and concerns. In case of a federal holiday on a Thursday, the representatives will be available the preceding Wednesday. The booth will be located in the Pentagon's main concourse in front of the bookstore. For more information, contact Joyce Shambley at (703) 614-0605.

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Headline: TRICARE question and answer

Question: My PCM refuses to provide a referral for services I believe I need. What do I do?

Answer: The TRICARE Prime program has provisions for second opinions. If you feel that the diagnosis or treatment plan may not be correct, you can request that your Primary Care Manager refer you out for a second opinion. Additionally, if you are dissatisfied with your Primary Care Manager (PCM), you can request assignment to another PCM. If you are still not satisfied, you can file a complaint or grievance regarding the non-availability of service decision to the MTF Commander or Regional Lead Agent. Finally, you have the option of using the Point-of-Service option under Prime. A retroactive reimbursement may be an option through a successful appeal process.

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Headline: Healthwatch: Stocking your medicine cabinet

By LTJG Stephanie B. Allen, NC, Branch Medical Clinic Atsugi

ATSUGI, Japan -- Every home and barracks room should have an adequately stocked medicine cabinet to treat minor illnesses and injuries. Buying the least expensive and most frequently needed medications is recommended, because medicines become less effective over time.

Medications should be replaced every three years or as soon as they expire. Always read the label before taking any medication. Because a medicine does not require a prescription, never assume it is safe. Remember to keep all medications out of the reach of children. The following is list of medications that are important for your medicine cabinet, how to use the medicine, and side effects they may cause:

- Antiseptic cleaners are used to clean minor wounds.

Three percent hydrogen peroxide is a good cleansing agent and iodine works to kill germs. Pour the hydrogen peroxide onto the wound and clean with a cloth.

Repeat this until no dirt remains under the skin. Paint iodine onto the wound and surrounding area, leave on for a few minutes, then rinse off. A bit of iodine color will remain on the skin. Hydrogen peroxide can bleach hair and clothing. Iodine can burn the skin if left on in full strength and is poisonous if swallowed. Iodine can also cause an allergy. Stop using it if a rash occurs.

- Bandages and adhesive tape -- cover and protect minor wounds. Use bandages to keep dirt out of wounds, protect blisters, and keep the edges of cut together. They are usually only needed for one day, but can be worn longer. A bandage may hide a developing infection, so be sure to keep the bandage clean and dry.

- Thermometer -- measures the body's temperature. Fever is used to help diagnose illness. The best places to measure the body's temperature are in the mouth and rectum. Oral thermometers should be placed under the tongue with mouth closed for two to three minutes. Rectal thermometers

should be used with a lubricant and inserted about one inch into the rectum for about two minutes. The mercury in thermometers is poisonous. Small children should not use them if it is possible they may bite down on the thermometer and break it.

- Pain and fever medications -- relieve pain and reduce fever. Acetaminophen (Tylenol, Datril) is used primarily to reduce fever and relieve pain. It is very safe for people of all ages. Aspirin (Anacin, Excedrin) is used for pain relief. Aspirin can cause Reye's syndrome in children and shouldn't be used without physician approval. It can also cause ringing in the ears and upset stomach in both children and adults. Ibuprofen (Advil, Motrin, Nuprin) and naproxen (Naprosyn, Anaprox, Aleve) are effective relieving pain and reducing fever and inflammation. They can cause upset stomach.

- Antacids -- relieve upset stomach by neutralizing stomach acid. Maalox, Mylanta, Alka-Seltzer, Roloids and Tums help decrease heartburn, ulcer pain, gas pains, and stomach upset. Antacids can effect bowel movements, so be certain to read the label before use.

- Baking soda -- in a weak solution can soothe skin and relieve itching. In a strong solution it can draw fluid and swelling out of a wound while cleansing it. It is very safe when applied to the skin.

- Syrup of ipecac -- induces vomiting if poisoning occurred by eating a plant or drug. Do not use ipecac if the poison swallowed is petroleum-based, a strong acid, or a strong alkali. Call the Poison Control Center immediately. Ipecac is not usually hazardous unless the vomiting causes fluid to move into the lungs.

- Antihistamines and decongestants - such as Actifed, Sudafed, Benadryl and Dimetapp are used to treat allergy symptoms.. These drugs can cause drowsiness and agitation.

- Cold tablets - such as Triaminic, Contac and Dimetapp help relieve some symptoms of colds and flu. These medications can also cause drowsiness and agitation.

- Cough syrups - or expectorants are used to liquefy secretions, therefore making it easier to expel the mucus. Cough suppressants are best used with dry, hacking coughs. Medications such as Robitussin and Vicks can cause drowsiness.

- Diarrhea remedies - are good for persistent diarrhea. Use a product with kaolin, pectin, or bismuth. Pepto-Bismol (bismuth) can cause harmless darkening of the tongue and stool.

- Hydrocortisone cream -- is applied to the skin to help relieve itching and rashes. Prolonged use of the cream (greater than two weeks) can cause thinning of the skin (atrophy).

- Sunscreen agents - are used to prevent sunburn. The agents allow the wearer to be outdoors for greater periods of time. Skin irritation is a very rare side effect.

- Elastic bandages -- treat sprains. They provide gentle

support and help reduce swelling. Wrap the bandage toward the trunk of the body, and allow room for movement. If an elastic bandage is applied too tightly, circulation can be impaired. Remove bandages immediately if the limb swells, hurts or becomes cooler beyond the bandage.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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